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SN0820CM0005 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 22/12/2020 16:50 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (22/12/2020 16:50 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Authorised Driver

- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

- 5. Any false reporting may be referred to the Police for investigation.
  6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### ACCIDENT STATEMENT

Date of Submission Date of Accident Exact Location of Accident

Additional Location Information Country/State of Loss

22/12/2020 16:50 (SGT) 21/12/2020 16:56 (SGT) Dairy Farm Rd, Singapore

HSIEN SHIH LOGISTICS PTE, LTD.

victor.koh@hsienshihlogistics.com

Singapore

#### **DETAILS OF OWN VEHICLE**

Yes

Vehicle Registration Number

**GBH4674M** 

2XXXXXX751G

+65-91130146

(Phone) +65-91130146

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

**Email Address** 

Mobile Phone No

Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Mitsubishi Canter

Employment

No - Reporting only Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

Lonpac

Comprehensive

No

Z20VC05005469

DRIVER

Name of Driver

NRIC No

TAN LIP SHENG SXXXX622G

Date Of Driving Pass 25/03/2014 Driving experience 6 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-91130146 Alt. Phone Number Email Address victor.koh@hsienshihlogistics.com Address BLK 455 JURONG WEST STREET 42 Address complement #04-144 Postcode 640455 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name SHAIFUL Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMG9536X Vehicle Manufacturer Hyundai Vehicle Model

Private car

Vehicle Variant Vehicle Colour Vehicle Category

Address	
Address complement	
Postcode	
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	24

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve
  disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail
  packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law vers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

(including their law yers/law firms	22 DBC 2020 14 555 / 22 17 73 70
Policyholder's Signature / Date & Time Sketch Plan	
A)GE	x) 460 4 u
B) S1	NG 9536×

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## ACCIDENT STATEMENT

ACC	CIDENT DATE: ( 21 / 12 / 2020 ) (DD/MM/YYY), TIME: ( 16 · : 5 6 ) (HH:MM)
LOC	CATION: Dairy Farm Road !
11	a) VEHICLE NUMBER: GBHY674 M
	GIVEHICLE NOMBER! COMPANY LONDAY MICH PLEATED
A .	DINSURANCE COMPANY: LONIAC MONRACE LAND
	CIPOLICY NUMBER: EDNC 05005460
	dIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	DIMAKE & MODEL: MITCURISHI FEADIBREDED
	FITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
	gIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
(8)	h)PURPOSE OF USING AT ACCIDENT TIME: WOYKING
W	I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2	2. INSURED / POLICY HOLDER
	ANAME: THE STATE OF THE STATE O
	b)MRIC/FIN/PASSPORT: 101434515 CONTACT: - 4130
	C)ADDRESS: 63 HIMMEN AVENUE FLOY-16 (1667567)
2 2	· · · · · · · · · · · · · · · · · · ·
0019/10 H	* CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER
tho of passange	DRIVER
, ,	a)NAME: I'M LIA LONG
Claduding driver	DINKICITINI ASSI SKI
(2)	CLADDRESS: JURANG WEST ST 42- RIK 455 #04-144
nouth) (m)	\$(640455)
HOULANT ( 1-1)	*d)DATE OF BIRTH: (19/10/1993)(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR)
85	FIDATE OF DRIVING PASS 25 MAR 2014 COMPANYS (VESTINO)
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO)
	IF NO. RELATIONSHIP OF THE DRIVER WITH INSURED:
5,	a) WEATHER CONDITION: (GLEAR / RAINING / OTHERS
	b)ROAD SURFACE: YDRY / WET / OTHERS
	. WAS ANYBODY INJURED (YES (NO)
. 7.	a) REPORTED TO POUCE (YES / NO) 1
	IF YES, PLEASE STATE WHICH POLICE STATION:
s. A	THIRD PARTY VEHICLE  OF VEHICLE NUMBER: SMG 9536 X MODEL: HYUNDAL
Ho of passonger	ALL SAL LING THE HARD
Induding driver	b) DRIVER'S NAME. ALL THE STATE OF 97730821
(5)	C) NRIC/FIN/FASSFORT
	THIRD PARTY VEHICLE  MODEL:
: No of passanger	a) verice rower.
Including driver	
I THE WELLING SERVER	f) NRIC/FIN/PASSPORT:CONTACT:CONTACT:
( )	#

email = Victor. Kon @ Insignshinlogistics.com VIDEO Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555 Tel: (65) 6250 7386 Fax: (65) 6296 3767 Website: www.ionpac.com.sg GST Reg No.: F6-0005635-C

### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1987 (MALAYSIA). ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA). THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z20VC05005469

2. Name of Policy Holder

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MITSUBISHI FEA01BR2SDEB - GBH4674M

HSIEN SHIH LOGISTICS PTE. LTD.

 Effective Date of the Commencement of Insurance for the purpose of the Act 13/06/2020

4. Date of Expiry of the Insurance

12/06/2021

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR PERMISSION.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARDIN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIALOR SPEED TESTING.

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: \$\$ 1,100.00 (SECTION 1)

\$\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS \$\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

\* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner: MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

CHIEF EXECUTIVE (Singapore Branch)

Onele.

User ID: PI2436 Date Issued: 02/06/2020